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June 27, 2007

Jennifer Davis, Administrator
Teton House
555 S 3rd West
Rexburg, ID 83440

Dear Ms. Davis:

On June 7, 2007, a complaint investigation survey was conducted at Teton House. The survey was conducted by Sydnie Braithwaite, RN and Polly Watt-Geier, MSW. This report outlines the findings of our investigation.

Complaint # ID00003044

Allegation #1: The facility caregivers serve a resident a food tray. The food tray often contains food in wrappers and occasionally is given without utensils. The caregivers place the food plate onto the resident's stomach for her to eat, but do not always position the resident in a safe and comfortable position while eating.

Findings: Based on observation and interview, it was determined the resident was positioned correctly for her meals; her food was cut up in small pieces; she was able to comfortably reach her plate and utensils.

On June 07, 2007 at 12:30 p.m., the identified resident was observed sitting up in bed. The caregiver cut up the food into small pieces and then placed the tray on the resident's lap. The resident was able to reach the plate and the utensils without difficulty and was observed feeding herself as the caregiver sat nearby.

Conclusion: Unsubstantiated. Although it may have occurred, it could not be determined during the complaint investigation.

Allegation #2: The facility caregivers do not bathe the resident frequently. On March 26, 2007, the resident had not been bathed for 9 days. The resident also was found to have feces left on her body.

Findings: Based on observation, interview and record review, it was determined the identified resident was bathed at least twice weekly.

The resident service notes for this resident were reviewed from April 24, 2007 to June 05, 2007 and it was documented that she had received a bath on April 24, 2007, May 1, 2007, May 4, 2007, May 8, 2007, May 18, 2007, May 23, 2007, and June 1, 2007. There was also documentation that identified resident had refused her bath on May 15, 2007, May 25, 2007, May 29, 2007, and June 5, 2007.

On June 07, 2007 at 12:30 p.m., the resident was observed to be groomed, her face and clothes were clean, her hair was combed back from her face.

On June 07, 2007 at 12:01 p.m., the administrator stated that when the identified resident would refuse a bath, the staff would give her bed baths as an alternative to a shower.

On June 7, 2007 at 12:30 p.m., two caregivers were interviewed and they confirmed that the identified resident received her scheduled showers as planned. They also stated that if the resident refused the shower, they would come back later that day and offer her a bed bath, which she would usually accept.

Conclusion: Unsubstantiated. Although it may have occurred, it could not be determined during the complaint investigation.

Allegation #3: The facility caregivers do not toilet the resident to meet her needs.

Findings: Based on interview and record review, it was determined that identified resident was checked on every two hours for toileting needs.

On June 07, 2007 at 12:23 p.m., a caregiver stated that the resident was toileted every two hours during the day and night, as well as after meals.

On June 07, 2007 at 12:45 p.m., review of identified resident's NSA and Assessment Summary revealed that staff would assist her with toileting needs on all shifts.

Conclusion: Unsubstantiated. Although it may have occurred, it could not be determined during the complaint investigation.

Allegation #4: The facility did not obtain medical services when a resident complained of pain in her left arm for 3 weeks. (Note: Resident with hx of heart related issues)

Findings: Based on interview and record review, it was revealed that identified resident had experienced chest pains and was seen at local hospital.

On June 07, 2007 at 11:40 a.m., the administrator stated that identified resident had complained of chest pains about a month ago and 911 was summoned "immediately". The administrator stated the identified resident had not complained previously of chest pain.

On June 07, 2007 at 12:40 p.m., two caregivers were interviewed about identified resident's ability to express her pain. They both stated the identified resident expresses her pain facially or will cry.

On June 07, 2007 at 12:45 p.m., review of Resident Service Notes for April 9, 2007 had the following written entry: "Resident went to the hospital today. Complained of chest pain. EMT came & took res. to hospital. Resident came back this afternoon. She has a UTI".

Conclusion: Unsubstantiated. Although it may have occurred, it could not be determined during the complaint investigation.

Allegation #5: The facility does not monitor a resident's hydration as her glass is not positioned where she can reach and empty glasses have been found beside the resident.

Findings: Based on observation and interview, it was determined that identified resident has access to fluids and is able to reach the glass for a drink.

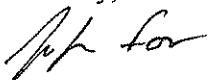
On June 07, 2007 at 11:15 a.m., the identified resident was observed in her room. She was sitting up in her bed; two half-full glasses of water were at her bedside. She was able to reach for the glass, to raise it to her lips, and take a long drink.

On June 07, 2007 at 12:23 p.m., one caregiver was interviewed. She stated that she always makes sure the identified resident has glasses of water or juice within reach at the bedside.

Conclusion: Unsubstantiated. Although it may have occurred, it could not be determined during the complaint investigation.

As no deficiencies were cited as a result of our investigation, no response is necessary to this report. Thank you to you and your staff for the courtesies extended to us on our visit.

Sincerely,



POLLY WATT-GEIER, MSW
Team Leader
Health Facility Surveyor
Residential Community Care Program

PWG/sc

c: Jamie Simpson, MBA, QMRP, Supervisor, Residential Community Care Program
Polly Watt-Geier, MSW, Health Facility Surveyor